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CONFIRMATION NO. 4154

<b>SERIAL NUMBER</b> 10/584,451	<b>FILING or 371(c) DATE</b> 01/23/2007 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> 4661-0113PUS1	
<b>APPLICANTS</b> Sarman Singh, New Delhi, INDIA; Ramu Sivakumar, New Delhi, INDIA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IN03/00400 12/26/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 10/25/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /JENNIFER E GRASER/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWINGS</b> 11	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747 UNITED STATES					
<b>TITLE</b> Polypeptides for the Diagnosis and Therapy of Leishmaniasis					
<b>FILING FEE RECEIVED</b> 1830	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		